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PTO/SB/07 (08-03)

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number 09833452		Filing Date		
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Applicant(s)				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1						51				
2		1					52				
3		1					53				
4		1					54	1			
5		1					55	1			
6		1					56	1			
7	1						57	1			
8	1						58	1			
9		1					59	1			
10		1					60	1			
11		1					61	1			
12	1						62	1			
13		1					63	1			
14		1					64	1			
15		1					65	1			
16		1					66	1			
17	1						67	1			
18		1					68	1			
19		1					69	1			
20		2					70	1			
21		2					71	1			
22		2					72	1			
23							73				
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39							89				
40							90				
41							91				
42							92				
43		15					93				
44							94				
45	1						95				
46	1						96				
47	1						97				
48	1						98				
49	1						99				
50							100				
Total Indep	7						Total Indep	7			
Total Depend	21						Total Depend	47			
Total Claims							Total Claims	74			

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